

LOCAL OFFICE	TELEPHONE
CASE NAME	CLIENT ID NUMBER

## VETERAN'S BENEFIT WORKSHEET UNUSUAL MEDICAL EXPENSES (UME)

This worksheet is used to determine if veteran's income is based on Unusual Medical Expenses (UME). Ask the client the following questions.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Are you or your family receiving veterans pension/compensation based on financial need?<br>(If no, UME exemption does not apply. If yes, go to #2.)                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do your documents show that Veteran's Affairs (VA) considered medical expenses in determining your payment?<br>(If yes, go to #3. If no, go to #4.)                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the answer to Number 2 is yes, answer the following questions:  |                          |                          |
| a. Did you or any member of your family have any income (other than TANF/SFA or SSI) which was reported to the VA?<br>(If no, UME exemption does not apply. If yes, go to #4.)            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did you ever receive a notice from the VA which said that they considered medical expenses in determining your VA payment?<br>(If no, UME exemption does not apply. If yes, go to #4.) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever reported any medical expense to the VA?<br>(If no, UME exemption does not apply. If yes, go to #4.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. UME exemption is not used until the VA office verifies it. (Use the Veterans Information Request, DSHS 14-232(X), to obtain the information.)  |                          |                          |

COMMENTS:

FINANCIAL SERVICE SPECIALIST'S SIGNATURE

DATE